

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90111 037 ****50.00

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01042007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000025383 1. Entity Name R.E.D.S. AT LAKEWOOD PARK, L.L.C.					
Principal Place of Business 15495 EAGLE NEST LANE SUITE 235 MIAMI LAKES, FL 33014			Mailing Address 15495 EAGLE NEST LANE SUITE 235 MIAMI LAKES, FL 33014		
2. Principal Place of Business - No P.O. Box # 6500 COWPEN ROAD Suite, Apt. #, etc. SUITE #102 City & State MIAMI LAKES, FLORIDA Zip 33014 Country USA		3. Mailing Address 6500 COWPEN ROAD Suite, Apt. #, etc. SUITE #102 City & State MIAMI LAKES, FLORIDA Zip 33014 Country USA		4. FEI Number 20-2500578 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent DIAZ, REYNALDO 4960 SW 72ND AVENUE, STE. 400 MIAMI, FL 33155	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6500 COWPEN ROAD SUITE #102 City MIAMI LAKES FL Zip Code 33014				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		*Check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, REYNALDO 4960 SW 72ND AVE., STE. 400 MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6500 COWPEN ROAD, SUITE #102 MIAMI LAKES, FLORIDA 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDUARDO, SANTAMANA 4960 SW 72ND AVE., STE. 400 MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			REYNALDO DIAZ		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/19/07 (305) 698-7100		